## **BALLOT DESIGNATION WORKS**

This worksheet is intended to assist in the prompt evaluation of requested ballot designations. 2014 MAR -6 PM 12: 59 Name of Candidate: CITY OF TORRANCE Candidate for the Office of: (including district or division number, if applicable) CITY CLERK'S OFFICE RADERO Home Address: Daytime Telephone Number: Evening Telephone Number: (City, State and Zip Code) Fax Telephone Number: Business Address: 14 (City, State and Zip Code) Name of Attorney or Other Person Authorized to Act in Your Behalf: C. HANNINE Above Mailing Address: His/Her Fax Number: 2/3 (If different from above) (City, State and Zip Code) Telephone Number: SMALL PROPOSED BALLOT DESIGNATION: (Note: Designation must be your principal profession, vocation or occupation and may be no more than three words; however, you may use the full title of the elective office you currently hold.) (optional) If above not accepted, alternative: 2<sup>nd</sup> alternative: Describe what you do and why you believe you are entitled to use the requested ballot designation. If using the title of an elective office, you may submit a copy of your certificate of election or appointment. The term "incumbent" must be used as a noun. It shall not be used in conjunction with any other words, including any accompanying adjectives or modifiers, and must stand alone. Your Job Title: C. Contact Person(s) Who Can Verify this Information: Dates You Held the Position: Name of Your Employer or Business: PARDENS INC Telephone Number(s): To the best of my knowledge and belief, the above-requested ballot designation(s) represent my true principal profession(s), vocation(s) and/or occupation(s) which I am entitled to use as my ballot designations pursuant to §13107 and 13107.5 of the Elections Code.

Signature

You may attach whatever supporting documentation or exhibits you wish that you believe support your proposed ballot designation. These documents will not be returned to you, so do not submit original versions.